



## UNITED STATES PATENT AND TRADEMARK OFFICE

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UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
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Bib Data Sheet

CONFIRMATION NO. 2227

<b>SERIAL NUMBER</b> 09/198,240	<b>FILING DATE</b> 11/23/1998 <b>RULE</b>	<b>CLASS</b> 279	<b>GROUP ART UNIT</b> 3722	<b>ATTORNEY DOCKET NO.</b>	
<b>APPLICANTS</b> JOSEPH JOHN TEBBE, WHITE BEAR LAKE, MN; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> <b>** SMALL ENTITY **</b> 12/10/1998					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 9	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> HERMAN H BAINS 6101 TRACY AVENUE MINNEAPOLIS ,MN 55436					
<b>TITLE</b> CLAMPING JAW DEVICE					
<b>FILING FEE RECEIVED</b> 380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

SERIAL NUMBER 09/198,240	FILING DATE 11/23/98	CLASS <del>263</del> 279	GROUP ART UNIT <del>5723</del> 3722	ATTORNEY DOCKET NO.
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APPLICANT

JOSEPH JOHN TEBBE, WHITE BEAR LAKE, MN.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED

*none sub*

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

*none sub*

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

*none sub*

FOREIGN FILING LICENSE GRANTED 12/10/98

\*\*\*\*\* SMALL ENTITY \*\*\*\*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MN	SHEETS DRAWING 3	TOTAL CLAIMS 9	INDEPE CLAIM 2
Verified and Acknowledged <i>sub</i> Examiner's Initials _____ Initials _____					

ADDRESS

HERMAN H BAINS  
608 SOUTH 2ND AVENUE SUITE 1031  
MINNEAPOLIS MN 55402

TITLE

CLAMPING JAW DEVICE

FILING FEE RECEIVED  \$380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext.) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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